



State of Maryland Judiciary Complaint of ADA Discrimination/Harassment/Retaliation Form

Complainant: _____ Title: _____
(Your name.)

In What Jurisdiction Do You Work (please circle): Circuit / District / AOC / CoA / CoSA

Work Address: _____

Department/Unit: _____

Respondent: _____
(The individual against whom the complaint is made.)

Location: _____
(Court or other work address.)

Department/Unit: _____

Basis for the alleged discrimination, harassment, and /or retaliation: ☐ Physical ☐ Mental

Date(s) of Action(s) / Knowledge of Occurrence: _____

Nature of Complaint: (Tell us why you believe you have been discriminated against.)

Resolution sought: _____

Prior to filing this complaint I made the following attempts to resolve this matter: _____

I am represented by (If applicable): _____
(Name and Title of Representative)

Complainant's signature: _____ Date: _____